

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm	ent Name	5	pagheti Shop	Telephone Number 8/2-944-5400	Date of Inspection (mm/dd/yr) PERMIT #		
			imber and street, city, state, zip code)	3,405	1 11	10	l'
4510			bun Rd, New Albany, IN 47150	507-729-3005	6-11;		-27/
Owner	Gar	·/	Rosenberg	Purpose:	Follow-up Release Date 10 days		
Owner's A			· ·				
	45/0	C	hacks four Rd NA IN 47150	2. Follow-up 3. Complaint	Summary of Violations:		
Person in C	-	Sal	ry Rosinberg	4. Pre-Operational	GO NC 3 R		
Responsible	e Person's	E-ma		5. Temporary	Manu Tv	pe (See back	of name)
		 ·.		6. HACCP	IVICIIU XY	ре (вее васк	oj page)
Certified F	•	,	nmic Oakes 7-19-21	7. Other (list)	12	3 V	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative				orrected By
218	NC			Lacking B		100	T 16
-10	/// -	-	Observed prep cooler not Broken hinger on lids.	- worning &		10 0	lays_
	·			- /V			
- :	 		- food being stored in un	all'in cooler			
			and on ice.				
7711	110		- Owner plans on replacing whole unit.				
234	NC		Observed handle of scoop touching Corrected				
431	1//		product in sugar bin.				
731	NC		Observed buildup of debris from 2 days				
		ļ	condensation around the outside of				
 : -			walk-in freezer.				
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	-	-		<u> </u>			:
					·		;
Received by (name and title printed): Inspected by (name and title printed): Thomas Snider, EHS							
Received by (signature): Inspected by (signature):							
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cc: cc: cc:							
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